

C1 6962

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A516903

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 7 2007

Depth of Well 22 530 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1021

OWNER Highland Development Corporation STREET OR RFD Brookline Way TOWN Highland SUBDIVISION Brighton Mill SECTION LOT 18

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Sand Stone (0-48), Gray mica Rock (48-520), Dry well backfilled, 540-40 drilling materials, 40-0 cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 16 NO. OF POUNDS 1584 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 48 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 53

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 11.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 345 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above 49 LAND SURFACE - below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: E A C H S C R E E N, 1 2 3, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51. Slot size 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 9839

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526279 please type

STATE PERMIT NUMBER

HO-95-1021 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Highland Development Corp P.O. Box 225 Clarksville Md 21029

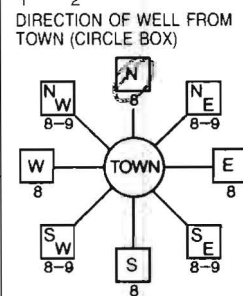
B 3 LOCATION OF WELL

Howard COUNTY Brighton Mill SUBDIVISION Highland NEAREST TOWN 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne MSD 024 License No. 76-81 Firm Name: Joseph L. Mayne Well Drilling Address: 5512 Ridge Rd Mt. Airy Md 21771 Signature: Joseph L. Mayne Date: 3-2-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brookline Way NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 20 FT TAX MAP: 34 BLK: 2 PARCEL 2

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME AS16903 COUNTY NO. STATE SIGNATURE DATE ISSUED 3/30/07 CO SIGNATURE EXP. DATE 3/30/08 NORTH GRID 502000 EAST GRID 805000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO2006G002 PERMIT No. HO-95-1021

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 80x5 N 50x2 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION triadelphia mill rd Brookline way well Highland

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1021
 Location of property (road) Brookline way
 Subdivision Brighton mill Lot 18 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Highland Development Corporate

Depth of well 520'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm
 Total time 45 MIN to reach pumping water level 345 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5' gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	132'	3 sec		20
7:00	244	4		15
7:15	345	5		12
7:30	345	40		1.5
7:45	343	40		1.5
8:00	343	40		1.5
8:15	343	40		1.5
8:30	343	40		1.5
8:45	343	40		1.5
9:00	343	40		1.5
9:15	343	40		1.5
9:30	343	40		1.5
9:45	343	40		1.5
10:00	343	40		1.5
10:15	343	40		1.5
10:30	343	40		1.5
10:45	343	40		1.5
11:00	343	40		1.5
11:15	343	40		1.5
11:30	343	40		1.5
11:45	343	40		1.5
12:00	343	40		1.5
12:15	343	40		1.5
12:30	343	40		1.5
12:45	343	40		1.5
1:00	343	40		1.5
1:15	343	40		1.5

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6301 BARNETT AVE
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT L. FREEZER License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NV Homes Telephone #: 410-379-5956
Subdivision: BRIGHTON MIREL Lot #: 18 Well Tag #: HO-95-1021
Site Address: 3569 BROCCOLINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data
Make: STA-RIE
Model #: 57P4HS10221
Pump Capacity: 7 GPM
Well Yield: 1.5 GPM

Pitless Adapter
Make: Campbell
Model #: PF 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation 520 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 40 (36" min)


House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 18'
Sleeve caulked and sealed properly:

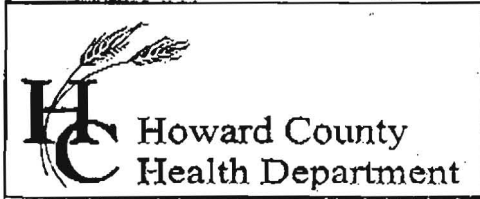
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Freezer date: 8/21/09

8/11/09 WELL LINE INSPECTION

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 2/11/07 
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

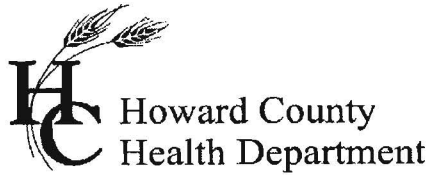
<u>Brighton mill</u>	^{thru} <u>1-22</u>	<u>Brookline Way</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on will be staked by 3-13-07(date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

September 24, 2009

Homeowner
13569 Broccolino Way
Clarksville, MD 21029

SENT VIA FACSIMILE 301-854-3983
RE: Brighton Mill, Lot 18
BP #: B09001187
Well Permit # HO-95-1021

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/23/2009.** **Final approval of the well line connection to the dwelling was approved on 08/11/2009.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

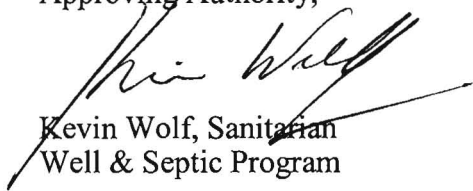
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1021. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/02/2009
Date of Well Completion: 05/07/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", is written over the typed name and title.

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 73931
Report Date: September 3, 2009

Property Sampled: 13569 Broccolino Way, 21029

County: Howard
Subdivision: Brighton Mill
Lot #: 18
Building Permit #: B09001187

Tax Map #: 34
Parcel #: 2

Date/Time Collected: September 2, 2009 at 1:27 pm
Date/Time Received: September 2, 2009 at 3:42 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1021
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.